

Attn — Trisha

254941

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2014-342-T

If this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by: Brock McGrew  
Address: 1640 Wading Heron Rd  
Charleston SC 29412

Telephone: (843) 864-9502  
Fax: \_\_\_\_\_  
Other: \_\_\_\_\_  
Email: mr.graffiticola@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- ☐ Application – Class C Taxi
- ☒ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☒ Request for Name Change on Certificate

RECEIVED

FEB 02 2015

PSC SC  
MAIL / DMS

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: \_\_\_\_\_

## CLASS C AMENDMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: \_\_\_\_\_

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☒ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Chucktown Graffiti Cabs LLC DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)  
TO: Chucktown Graffiti <sup>Cabs</sup> LLC DBA: Graffiti Limo  
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☐ Passenger Limit

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number) (New Limit Number)

Name &amp; DBA if DBA is applicable)

1640 Wading Heron Rd Chas SC 29412  
(City, State, Zip Code)

(843) 864-9502  
(Telephone Number)

(Street and/or Mailing Address)

[Signature]  
(Signature)

(Title) Owner, President, etc.